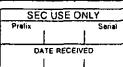
FORM D



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

14/1499	3
OMB APPROVAL	
OMB Number: 3235-0076	
Expires: April 30,2008 Estimated average burden	
hours per response 16.00	



					-	
Name of Offering (check if this	is an amendment	and name has chan	ged, and indicate change.)	- CV	ALL	
Filing Under (Check box(es) that app	ly): Rule 50	04 Rule 505	Rule 506 Section	4(6) []-ULOE	PECEIVED	
Type of Filing: New Filing	Amendment	🗀 (TED POL	
Type of Fining.				\\ 0C)		
		A. BASIC IDEN	TIFICATION DATA	[到	" & 200 - V	
1. Enter the information requested	about the issuer			121		
Name of Issuer (check if this is Options City	an amendment and S. Ftwa		, and indicate change.)		86 SECTION	
Address of Executive Offices		(Number and S	street, City, State, Zip Coc	c) Telephone N	moter (Including Area Code)	
300 W. Ada	me St.	# 279 (hicago, IL, 606	06 (312)	635- 750	
Address of Principal Business Operat	ione	(Number and	Street, City, State, Zip Co	da) Talanhora M	umber (Including Area Code)	
(if different from Executive Offices)	.0115	(IAMIIIANI)	Street, Cwy, State, Zip Co	de) Telchione is	umber (memanig Area Code)	
(ii dilicioni lioni Excentre Offices)						
Brief Description of Business						
Software co	mpany	builds	electronic	trading	solutions_	
Type of Business Organization				7		
corporation	[] limited pa	rtnership, already f	ormed oth	er (please specify);		
business trust	imited pa	rtnership, to be for	_		PROCESS	SED
		<u>. </u>			PHUCLU	حاسال
			ear	_	_	
Actual or Estimated Date of Incorpora				Estimated	✓ nrt 17 %	007
Jurisdiction of Incorporation or Organ	iization: (Enter tw	o-letter U.S. Postal	Service abbreviation for S	State:	\mathcal{D} octrib	J 01
	CN for	Canada; FN for oth	er foreign jurisdiction)	DE		181
GENERAL INSTRUCTIONS			·		THOWSU	/IV
P-4					FINANCIA	AL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Coples Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five	re years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or di 	isposition of, 10% or more of a class of equity securities of the issuer
 Each executive officer and director of corporate issuers and of corporate general 	il and managing partners of partnership issuers; and
 Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: Promoter Beneficial Owner Executive	Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Dawani Hazem	
Business or Residence Address (Number and Street, City, State, Zip Code) 500 S. Clinton St. #714 (hicago, IL 60607
Check Box(es) that Apply: Promoter Beneficial Owner Executive	
Full Name (Last name first, if individual) Glava, Victor	
Business or Residence Address (Number and Street, City, State, Zip Code) 500 5. Clinton St. #626. Cl	ricago , IL 60607
Check Box(es) that Apply: Promoter Beneficial Owner Executive	Officer 1 Director General and/or Managing Partner
Full Name (Last name first, if individual) Fasculiotis, Rudy	
Business or Residence Address (Number and Street, City, State, Zip Code) 1543 W. Jackson Bwa #1	(hicago, 12 60607
Check Box(es) that Apply: Promoter Beneficial Owner Executive	Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive	Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive	Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive	Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

	20.84		At mos		CONTRACT.	NORMAT	ion rioi	TOFFER	NO MAND			A COLUMN	
1.	Has the	issuer sole	d or does t	he issuer i	ntend to se	ll to non-a	ccredited i	nvestors in	this offer	ina?		Yes	No 🖽
••			-, 01 0000			Appendix				=		<u> </u>	
2.	What is	the minim	um investn					_				s 15	000
							,					Yes	No
3.	Does th	e offering	permit join	t ownershi	ip of a sing	le unit?	******	••••••	***************************************	***************************************			Ž
4.	commis If a pers or state	ssion or sim son to be lis s, list the n	ilar remune ted is an as:	ration for s sociated po roker or d	solicitation erson or age caler. If me	of purchase ent of a brok ore than five	ers in conn cer or deale e (5) persor	ection with or registered as to be list	sales of se d with the S ed are asso	curities in t SEC and/or	irectly, any he offering, with a state ions of such	:	
Fu	il Name (Last name	first, if ind	ividual)								•	
Bu	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Lip Code)						<u> </u>
Na	me of As	sociated Ba	oker or De	aler		,	•			· · · · · ·	<u></u>		
Sta	ites in W	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	" or check	individua	States)	***************************************				****************		☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FI, MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	ll Name (Last name	first, if ind	ividual)					 				
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)	· · · · · · · · · · · · · · · · · · ·					
Na	me of As	sociated Br	oker or De	aler									
Sta	tes in W	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	:				 -	
	(Check	"All States	s" or check	individua	l States)			**************	*!**********	**************	************	☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL. MI OH WV	GA MN OK WI	HI MS ÓR WY	MO PA PR
Fu	li Name (Last name	first, if ind	ividual)									
Bu	siness o	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated B	oker or De	aler						· · · ·			
Sta	ites in W	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	:					
	(Check	"All State:	s" or check	índividua	l States)		••••••			•••••		□ A1	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	s
	Equity	s 405,000	s 405,000
	Common Preferred		
	Convertible Securities (including warrants)	s	\$
	Partnership Interests	5	\$
	Other (Specify)	s	\$
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		s <u>315,000</u>
	Non-accredited Investors		s <u>90,000</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	Common	s 405,000
	Total	-0.04	\$ 405,000
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		·
	Transfer Agent's Fees	ø	s 45
	Printing and Engraving Costs		s 200
	Legal Fees		s 7,000
	Accounting Fees		s_1,000
	Engineering Fees		\$
	Sales Commissions (specify finders' (ces separately)	_	\$
	Other Expenses (identify)	_	s
	Total	_	5 8,245

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and total expenses furnished in resproceeds to the issuer."	ponse to Part C —	- Question	4.a. This differen	ce is the "adjusted gros.	3	s 396,755
Indicate below the amount of the each of the purposes shown. If check the box to the left of the est proceeds to the issuer set forth in	the amount for a imate. The total o	ny purposi of the paym	is not known, f ents listed must c	urnish an estimate and qual the adjusted gross	}	
					Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees					S 124,00	S 176,300
Purchase of real estate				***************************************		s
Purchase, rental or leasing and is and equipment	nstallation of ma	chinery				Vs 6,000
Construction or leasing of plant	buildings and fac	cilities		***************************************	s	s
Acquisition of other businesses (offering that may be used in excissuer pursuant to a merger)	hange for the ass	sets or secu	rities of another		п¢	
Repayment of indebtedness						
Working capital						
Other (specify): CONSA	lting				[] \$	75 36,000
						Øs 10,455
Column Totals			*********************		rs 134,000	Vs 262,75
Total Payments Listed (column t						316,755
	CONTRACTOR OF THE PARTY OF THE				- -	•
A CONTRACTOR OF THE PARTY OF TH	Control model and	STORY.	anti-residit			
e issuer has duly caused this notice t gnature constitutes an undertaking b e information furnished by the issu	y the issuer to fu	irnish to th	e U.S. Securities	and Exchange Commi	ssion, upon writt	
ouer (Print or Type) Options City Sof		Signatu	· ·	Da	Date _/	21/07

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	The state of the s	Y. The	
I.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
OptionsCity Software, Inc.	Hay Va	9/21/07
Name (Print or Type)	Fitte (Print or Type)	
Hazem Dawani	President & CEO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					PARTO SA				
	Intend to non-a investor	i to sell accredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under Sta (if yes, explana	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA	/					2	\$30,000		
со									
СТ									
DE									
DC									
FL									
GA					,				<u> </u>
ні				_					
ID			11.						
IL	V			6	\$240,000	3	¥60,000		
IN									
ΙA									
KS									
KY								!	
LA						,	-		
ME						<u> </u>			
MD									
MA									
MI									
MN	V				\$15,000				
MS									

					NUMBER				
1	Intend to non-a investor	2 I to sell accredited is in State I-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explana	ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									[
ОН									
OK									
OR									
PA									
RI								.,.,.,,.,	
sc									
SD									
TN						_			
TX									
UT									
VT									
VA									
WA									
wv								j.	[
WI								, j	

1	to non-a	d to sell accredited rs in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE, attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

 \mathcal{END}